S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 53	
	EMIZED RECEIPTS		for each category of the	(check only one)	
- 11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar or	ny information copied from such Reports and Statements may not be sold or used by any person to for commercial purposes, other than using the name and address of any political committee to so			for the purpose of soliciting contributions olicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				
	Property Casualty Insurers Association CIPAC)	of America P	olitical Action Committee	(P-	
4.	Full Name (Last, First, Middle Initial) Mr. Thomas R. Brown			Date of Receipt	
	Mailing Address 30 Fredrick Avenue			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City State Zip Code			Transaction ID: 31688272	
	Atherton	CA	94027-2204	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		2700.00	
	Name of Employer California Casualty Group	Occupation Chairman a	and Chief Executive Office	er i	
	Receipt For:		ear-to-Date ▼	<u>. </u>	
	Primary General	riggregate re		1	
	Other (specify)		2700.00		
 3.	Full Name (Last, First, Middle Initial) Mr. Joel Brown			Date of Receipt	
	Mailing Address 8739 Sweetwater Ct			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City	State	Zip Code	Transaction ID: 31688273	
	Powell	OH	43065-8364	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		600.00	
	Name of Employer	Occupation			
	State Auto Insurance Companies	Regional Vi	ice President		
	Receipt For:	Aggregate Ye	ear-to-Date V		
	Primary General Other (specify) ▼		600.00		
_	Full Name (Last, First, Middle Initial)				
).	Judy A. Snyder Mailing Address 565 Glenn Haven Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 31688276	
	Upper Sandusky	OH	43351-9312	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		240.00	
	Name of Employer State Auto Insurance Companies	Occupation Personal Li	nes Underwriting Manage	r	
	Receipt For:	Aggregate Ye	ear-to-Date ▼		
	Primary General Other (specify) ▼		240.00]	

TOTAL This Period (last page this line number only)